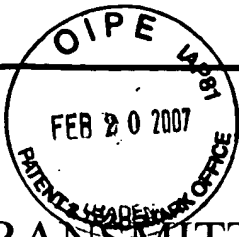


02-21-07

Express Mail Label No. EV719221113US



TRANSMITTAL FORM

Application Number	10/540,960
Filing Date	March 21, 2006
First Named Inventor	Heimsoth
Group Art Unit	3651
Examiner Name	Bidwell, J.R.
Attorney Docket No.	20496-484
Patent No.	
Issue Date	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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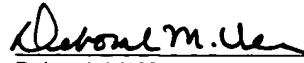
CORRESPONDENCE ADDRESS

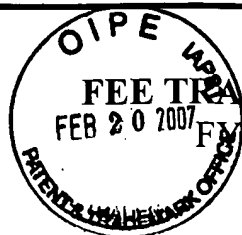
Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Date: February 20, 2007
 Reg. No.: 55,699
 Tel. No.: (617) 526-9836
 Fax No.: (617) 526-9899

Respectfully submitted,


 Deborah M. Vernon
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600



FEE TRANSMITTAL

FEB 20 2007

Complete if Known

Application No.	10/540,960
Docket No.	20496-484
Filing Date	March 21, 2006
First Named Inventor	Heimsoth
Group No.	3651
Examiner Name	Bidwell, J.R.
Confirmation No.	4131

METHOD OF PAYMENT

☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500.

- ☒ Required Fees (copy of this sheet enclosed).
- ☒ Additional fee required under 37 CFR 1.16 and 1.17.
- ☒ Overpayment Credit.

☐ Applicant claims small entity status. (deduct 50%)

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

0.00

2. EXCESS CLAIM FEES

Fee

Small Entity Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.

50 25

200 100

Total Claims Extra Claims Fee Paid (\$)

- 20 or HP = _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee Paid (\$)

- 3 or HP = _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

2. TOTAL: 0.00

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100=	0	/50=	round up to a whole number x	= 0.00

3. TOTAL: 0.00

CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

FEE CALCULATION (continued)

4. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee (\$)	Fee (\$)		
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	120.00
450	225	Extension for reply within 2 nd mo.	
1,020	510	Extension for reply within 3 rd mo.	
1,590	795	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	180.00
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			
4. TOTAL:			300.00

TOTAL AMOUNT SUBMITTED

(\$) 300.00

SIGNATURE BLOCK

Respectfully submitted,

Date: February 20, 2007
Reg. No.: 55,699
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